



State of Illinois Certification of Participating Manufacturer

Please Review Instructions Prior to Completion.

PM-1

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Part 1: Liability Year and Type of Certification

Liability Year for this Certification: Complete a separate form for each liability year for which you are certifying. (check one)

☐

2006

☐

Other: _____

Type of Certification: (check one)

☐

Initial

☐

Annual

☐

Supplemental

Part 2: Manufacturer Identification

Company Name

FEIN

Mailing Address

City

State

Zip Code

Country

Phone

Fax

Web Address

Name and title of person completing this form

Part 3: Designated Contact

Name

Mailing Address

City

State

Zip Code

Country

Phone

Fax

E-Mail

Part 4: Brand Family Certification (Attach Brands Addendum pages as necessary)

As of the date of this certification, the manufacturer identified in Part 2 is a Participating Manufacturer (PM) and has generally performed its financial obligations under the Master Settlement Agreement (MSA). The PM certifies that the brand families listed in this certification are a complete list of the brand families which are deemed to be its cigarettes (including RYO product) for purposes of calculating payments under the MSA in the volume and shares determined pursuant to the MSA. Nothing in this certification shall limit or otherwise affect the State's right to maintain that a Brand Family constitutes cigarettes or RYO tobacco of a different tobacco product manufacturer for purposes of calculating payment under the MSA.

| Brand Family | Check One | Brand Family | Check One |
|--------------|---|--------------|---|
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO |

Part 5: Illinois Directory Verification (check one)

- ☐ The PM certifies that the brand families listed on the Illinois Directory of Participating Manufacturers posted at www.illinoisattorneygeneral.gov are accurate and correct, as is the manufacturer name and address.
- ☐ Corrections to the Illinois Directory of Participating Manufacturers posted at www.illinoisattorneygeneral.gov are attached.
- ☐ The PM is not listed on the Illinois Directory of Participating Manufacturers.



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Part 6: Additional Information Requested by Attorney General's Office

All PMs must provide the information requested in this section. Provide a response to each question or indicate N/A. Each attachment must indicate the questions to which it corresponds.

1. For each brand family certified in Part 4, provide the following:

- a. address of the manufacturing plant(s)
- b. name, address and phone number of the factory manager(s)
- c. name and address of each Illinois licensed distributor that distributes your brand families

If the brand families certified in Part 4 are made by some entity other than the PM, please provide the name, address and contact name for the fabricator and a copy of any agreement or contract between the fabricator and the PM regarding the manufacture and/or sale of each brand family.

2. A copy of your current U.S. Treasury Tobacco Tax Bureau (TTB) permit as a manufacturer and/or as an importer as required by 26 U.S.C. §5712 and §5713. Foreign TPMs should provide importer permits for each company that will import its cigarettes into the United States.
3. Name, address and phone number of the Trademark owner and any license agreement or other document providing permission to the PM to use the trademark for each of the brand families certified in Part 4 of the PM-1 certification form.
4. For each brand family (cigarettes only) certified in Part 4 of the PM-1 certification form, provide the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act (15 U.S.C. §1335a) and attach copies of all certificates of compliance.
5. For each brand family (cigarettes only) certified in Part 4 of the PM-1 certification form, provide a copy of the current FTC rotation plan approval letter and the name and address of the entity that filed the health warning rotation plan with the FTC.
6. For each brand family certified in Part 4, provide original packaging for one brand style which is representative of each brand family. Flat empty cartons are preferred. Submit new packaging each time you change your packaging or add new brand families.
7. If PM intends to sell or authorizes any other entity to sell any cigarettes or roll-your-own by mail order or through the internet, provide the internet website and/or identify publications. Attach copies of all reports, if any, filed with the Illinois Dept. of Revenue to comply with the Jenkins Act (Chapter 10A of Title 15 of the U.S. Code, Section 375 *et seq.*) for sales in the last 12 months. Attach copies of any agreements authorizing another to sell your brand families by mail order or through the internet.

Part 7: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Certification and any attached documents are true and accurate. ***This document must be signed and dated by an authorized notary public.***

Print the Name and Title of Authorized Designee

Signature of Authorized Designee

Date

Subscribed and sworn to
before me this date:

Signature of Notary Public

County

Commission expires



Instructions for Certification of Participating Manufacturer

PM-1
Instructions

General Information

What is a Participating Manufacturer?

A Participating Manufacturer (PM) is any cigarette (including RYO) manufacturer who has signed on to the tobacco Master Settlement Agreement (MSA).

Who must file this Certification?

Any Participating Manufacturer whose cigarettes or roll-your-own tobacco (RYO) were sold in Illinois during the preceding calendar year or who intend for their brands to be listed in the Illinois Directory of Participating Manufacturers. **If a brand is not listed in this certification, it will not be listed in the Directory.**

It is unlawful to stamp or offer for sale in the State of Illinois any cigarette or RYO brand which is not included in the Illinois Directory of Participating Manufacturers or Directory of Compliant NPMs.

When is this Certification due?

An annual certification must be filed with the Attorney General no later than April 30 of each year. An initial certification may be filed at any time.

Updates

The PM shall update its certification list at least 30 days prior to any addition to or modification of the PM's brand families by executing and delivering a supplemental certification to the Attorney General.

Specific Instructions

Part 1: Liability Year and Type of Certification

- Check appropriate liability year. You must submit a separate certification for each year.
- If "Other" is checked, enter liability year for which certification is being provided.
- Check whether this is an initial (manufacturer is not currently listed on the Illinois Directory), annual (due April 30, 2007 for 2006 sales), or supplemental (change of information provided to the Attorney General).

Part 2: Manufacturer Identification

Provide your company name, address, phone and fax numbers, web address, FEIN, and name and title of the person completing the form.

Part 3: Designated Contact

Provide the name, title, address, phone and fax numbers, and e-mail address for the individual the Attorney General should contact with respect to matters

relating to this certification. The designated contact is the individual who will receive Attorney General mailings, including the annual certification mailing.

Part 4: Brand Family Certification

- Brand Family: Provide the brand name, which could include many brand styles (menthol, 100's, etc.). **Do not list each style in Part 4.**
- Identify each Brand Family of all cigarettes that the PM intends to sell in Illinois, either directly or indirectly through any distributor, retailer or similar intermediary, and seeks to have included in the Directory.
- Check whether the product is cigarettes or RYO.
- Where a brand is offered as both cigarettes and RYO, make a separate entry for each.
- A Brands Addendum page is included with the certification packet and is available on the Attorney General's website. Copy as needed.

Part 5: Illinois Directory Verification

Mark the applicable box and provide any corrections.

Part 6: Additional Information Requested by the Attorney General's Office

Provide the information requested. The Attorney General may require a tobacco product manufacturer to submit any additional information including, but not limited to, samples of the packaging or labeling of each brand family, as is necessary to enable the Attorney General to determine whether a tobacco product manufacturer is in compliance with the Escrow Enforcement Act of 2003 (30 ILCS 167/25(d)).

Part 7: Manufacturer Certification

The authorized designee executing the certification must be an officer, principal, director or other authorized representative of the manufacturer. The authorized designee's name and title must be legibly printed and **the signature must be notarized.**

Where do I send my completed Certification?

Mail your completed Certification and any related documents to:

Office of the Illinois Attorney General
Tobacco Enforcement Bureau
500 South Second Street
Springfield, IL 62706

For Additional Forms and Information

Phone (217) 785-8541

Fax (217) 524-4701

www.IllinoisAttorneyGeneral.gov (Click on Tobacco.)